PRINTED: 06/24/2024 FORM APPROVED

New Jersey Department of Health

DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		7 50.25 10.		С
	LHR4HN	B. WING		02/14/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
BRANDYWINE LIVING AT PRINCETON 155 RAYMOND ROAD PRINCETON, NJ 08540				
4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
itial Comments		A 000		
itial Comments: /PE OF SURVEY:(Complaint			
COMPLAINT #: NJ00171314				
ENSUS: 108				
AMPLE SIZE: 3				
ew Jersey Administrandards for Licensu esidences, Compreh	ative Code, Chapter 8:36, re of Assisted Living nensive Personal Care			
	DER OR SUPPLIER E LIVING AT PRINCET SUMMARY STA (EACH DEFICIENCY REGULATORY OR L tial Comments tial Comments: (PE OF SURVEY: 0 DMPLAINT #: NJ00 ENSUS: 108 AMPLE SIZE: 3 the facility was in subset of the supplement of th	LHR4HN DER OR SUPPLIER STREET A 155 RAY PRINCET SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) tial Comments tial Comments: (PE OF SURVEY: Complaint DMPLAINT #: NJ00171314 ENSUS: 108 AMPLE SIZE: 3 the facility was in substantial compliance with the sw Jersey Administrative Code, Chapter 8:36, and ards for Licensure of Assisted Living the street are somes, and Assisted Living Programs, based on	LHR4HN DER OR SUPPLIER E LIVING AT PRINCETON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Tital Comments Tital Comments: TYPE OF SURVEY: Complaint DMPLAINT #: NJ00171314 ENSUS: 108 AMPLE SIZE: 3 The facility was in substantial compliance with eav Jersey Administrative Code, Chapter 8:36, andards for Licensure of Assisted Living esidences, Comprehensive Personal Care others, and Assisted Living Programs, based on	LHR4HN DER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 155 RAYMOND ROAD PRINCETON, NJ 08540 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Take Of the Comments of Deficiency of Assisted Living esidences, Comprehensive Personal Care others, and Assisted Living Programs, based on

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE